



Dear Prospective Agent,

Thank you for your interest in joining Trans-United, Inc.

Trans-United, Inc., is proudly entering our 51st year as an Industry Leader in Specialized Transportation Services. Established in 1964, we are a privately owned carrier with concentration on over dimensional machinery hauling. We pride ourselves on the core values inherent within the foundation of the company and our daily interactions; honesty and integrity.

As an Agent for Trans-United, Inc. you will be treated as a professional business partner. We will provide you the tools necessary to successfully manage your business and reach desired revenue and profit goals. With direct access to our drivers, you have the ability to develop relationships and work routinely with them for your Customer needs.

In addition to our team of Company Drivers and Owner Operators, we have a fully established Brokerage Department. You will be provided with direct access to the over 3000 carriers in our database to support any brokerage need.

Our elite Network of Fleet Owners, Agents and Owner Operators are comprised of the most experienced drivers and professionals in the industry. We are excited you have chosen to consider our company to become a member of the Team.

Please visit our website (www.transunited.com) for an overview of why for over 50 years successful Transportation Professionals have come to, and remained with Trans-United, Inc.

If I can be of further assistance in your decision and answer additional questions, please feel free to contact me directly.

I look forward to hearing from you again soon and welcoming you to our team.

Best Regards,,

Greg Poda
Corporate Sales Manager
Ph: (877) 762-3111 x 280
Fax: (219) 763-4933
Email: gpoda@transunited.com
www.transunited.com



TRANS-UNITED, INC. PARTNERSHIP BENEFITS

- ★ Ranked in the TOP 50 carriers by International Cranes & Specialized Transport
- ★ Ranked in the TOP 50 carriers by American Cranes & Transport

PARTNERSHIP BENEFITS

OPERATE UNDER OUR AUTHORITY

~ EARN MONEY TWO WAYS:

- ★ **Carrier Authority:** MC# 128648
 - Direct access to our drivers. Building relationships.
 - Provide freight to T-U Drivers and earn commissions up to 10% of Line Haul.
 - Settlements via Direct Deposit
- ★ **Broker Authority:** MC# 703145-B
 - Access to over 3000 Carriers in Database
 - Either a 60/40 split or percentage of net compensations,, Your Choice.
 - Settlements weekly via Direct Deposit

SALES & RATES ~ Access to Rate Quoting

Build your customer base with use of Trans-United tools.

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- **BY REQUEST ONLY!** Our Management Team will accompany you on customer visits per your request.
- Folders, Business Cards, T-U hats and shirts are all available at reasonable rates thru our Company Store.

CREDIT ~ Fast Turn Around on Credit Reports

- Online credit request
- Non-Recourse on Approved Credit Accounts

SAFETY ~ Trans-United is Safety Driven.

- Satisfactory DOT Safety Rating
- A Strong Safety Scorer.
- Quarterly Driver Safety Meetings and regular updates
- Claims Management

PERMITS & ESCORTS ~ One less thing to do.

- We will handle ordering permits and arranging escort services as necessary.

INSURANCE COVERAGE

- Liability \$1,000,000
- Cargo \$500,000

SOFTWARE ~ Windows Design

- Access to TMS Software through Remote Desktop
- Prophesy Mileage and Routing

LOAD BOARDS

Access to industry load boards (DAT & INTERNET TRUCKTOP) FREE for the 1st 90 days,, continues FREE if monthly gross revenues exceed \$50K.

EMAIL

- A transunited.com email account is provided

PARTNERSHIP PROGRAMS

★ INCORPORATION

- Provide copies of your incorporation papers
- Complete a W-9 Form.
- Copy needed for Each Business Partner under incorporation:
 - Drivers License
 - Social Security Card

SIGNED AGENT AGREEMENT for:

- Providing Freight to Trans-United Drivers
- Brokering Freight Through Trans-United

CUSTOMERS

Your Customer Accounts are protected through Agent assignment. No back solicitation worries when you are partnered with Trans-United.

Please complete the **CUSTOMER LIST**. This will assist us in qualifying your agency and your accounts prior to contracting.

ORIENTATION & TRAINING

AGENT TRAINING: A time that is convenient for you and the company will be scheduled to discuss company policies, procedures, and training on the TMS Software.

COMMUNICATION

As in any relationship, communication is the key to a long term, mutually beneficial partnership. Trans-United, Inc. will provide the support and service required for your business. True success will be dependent upon our ability to effectively communicate needs within the partnership.

POLICY & PROCEDURE

Trans-United, Inc. has adopted a set of policies and procedures to protect the integrity of all relationships. If you disagree with a process, procedure, or policy; or, have suggestions for improvement, please share your ideas with a member of the Executive Team.

Greg Poda

877-762-3111 X 250

[TRUCKISMO]™



TRANS-UNITED, INC.
 1123 N. State Road 149
 Burns Harbor, IN 46304
 P: 877-762-3111 x 280
 F: (219) 763-4933

AGENT APPLICATION

PERSONAL INFORMATION				
NAME		DATE OF BIRTH	SSN #	DATE
HOME ADDRESS		CITY	ST	ZIP
HOME	CELL	FAX	EMAIL:	
DRIVERS LICENSE NO:			ISSUING STATE	EXP DATE
BUSINESS INFORMATION				
COMPANY NAME		FED ID#	CARRIER MC#	BROKER MC#
OFFICE ADDRESS		CITY	ST	ZIP
LOCAL#	TOLL FREE#	FAX#	EMAIL:	
CORPORATION TYPE (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership				
OFFICE EQUIPMENT (check all that apply) <input type="checkbox"/> Computer <input type="checkbox"/> Fax or E-Fax <input type="checkbox"/> Printer <input type="checkbox"/> Scanner <input type="checkbox"/> Copier		INTERNET CONNECTION (check one) <input type="checkbox"/> Dial Up <input type="checkbox"/> DSL <input type="checkbox"/> Cable <input type="checkbox"/> Wireless		
PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR PRINTER: MAKE: _____ MODEL: _____ CONNECTED TO PC? <input type="checkbox"/> YES <input type="checkbox"/> NO				
AGENCY INFORMATION				
YOUR INTEREST IN JOINING T-U IS TO: (check all that apply) <input type="checkbox"/> OPERATE YOUR EQUIPMENT UNDER T-U AUTHORITY <input type="checkbox"/> PROVIDE FREIGHT TO OUR TRUCKS <input type="checkbox"/> BROKER OVERFLOW FREIGHT				
FREIGHT VOLUME (must be currently over \$250K annually and growing) TOTAL ANNUAL GROSS REVENUES: _____		FREIGHT TYPE MANAGED IN %: FLAT _____% STEP DECK _____% DOUBLE DROP _____%		
BROKERED REVENUE GROSS _____ MARGIN _____%	TRUCK REVENUE GROSS _____	OVER DIM _____% VAN _____% REEFER _____%		
DO YOU HAVE YOUR OWN CUSTOMER BASE?		WHAT COMMODITIES DO YOUR CUSTOMERS SHIP?: (list below)		
AVG CUSTOMER DAYS TO PAY?	EDI REQUIRED?			
ARE YOU CURRENTLY PARTNERED WITH ANY OTHER COMPANIES? (IF YES, LIST NAMES OF PARTNERSHIPS BELOW)				
WHAT DO YOU EXPECT FROM TRANS-UNITED, INC?		DO YOU HAVE ANY LAWSUITS PENDING? (IF YES, EXPLAIN)		
		HAVE YOU EVER BEEN CONVICTED OF A FELONY? (EXPLAIN)		
HOW DID YOU HEAR ABOUT TRANS-UNITED, INC?		HAVE YOU EVER FILED BANKRUPTCY (EXPLAIN)		

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 MAJOR _____

HIGH SCHOOL NAME: _____ COLLEGE NAME: _____

EMPLOYMENT

EMPLOYER NAME			FROM:	TO:
ADDRESS			POSITION:	
CITY	ST	ZIP	SALARY/WAGE	
CONTACT	PHONE		REASON FOR LEAVING:	

EMPLOYER NAME			FROM:	TO:
ADDRESS			POSITION:	
CITY	ST	ZIP	SALARY/WAGE	
CONTACT	PHONE		REASON FOR LEAVING:	

EMPLOYER NAME			FROM:	TO:
ADDRESS			POSITION:	
CITY	ST	ZIP	SALARY/WAGE	
CONTACT	PHONE		REASON FOR LEAVING:	

PROFESSIONAL REFERENCES

	REFERENCE NAME	TITLE	RELATIONSHIP
1	COMPANY	HOME PH	WORK PHONE
	REFERENCE NAME	TITLE	RELATIONSHIP
2	COMPANY	HOME PH	WORK PHONE
	REFERENCE NAME	TITLE	RELATIONSHIP
3	COMPANY	HOME PH	WORK PHONE
	REFERENCE NAME	TITLE	RELATIONSHIP

DISCLOSURE AND RELEASE ~

The signature below certifies that this application was completed by me, and that all entries and information contained are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, and other related matters as may be necessary in arriving at an agency decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that false or misleading information given in my application or interview may result in termination of my Agency Agreement. Additionally, I agree to abide by all rules, policies, procedures and regulations imposed by Trans-United, Inc.

SIGNATURE _____

DATE _____